# Biopower K—Adolescents

### 1NC—Generic

#### Society has become medicalized. While the aff focuses on individual patients, their medical imperative has historically perpetuated authoritarian, biopolitical control of the entire population

**Gougelet 11**

David-Olivier Gougelet (American University). “The World is One Great Hospital.” Journal of French and Francophone Philosophy. 2011. <http://jffp.pitt.edu/ojs/index.php/jffp/article/viewFile/168/165>

\*\*ellipses and brackets in original

The Medicalization of the Population As Guillaume le Blanc explains in La pensée Foucault, 41 the new phenomenon of the study of mass endemic illnesses, of their length and causes, of morbidity, &c, no longer solely at the individual level but also on the scale of the collective, resulted, as Foucault would observe in “Society Must Be Defended,” in “the development of a medicine whose main function [would] now be that of public hygiene, with institutions to coordinate medical care, centralize power, and normalize knowledge.”42 In other words, the classical epoch saw the widespread medicalization of the population, of the social space, as well as of the family and sexuality; at that time, the medicalization of the population was one of the chief measures in the biopolitics of a state for which the life (i.e., the biological health and wellbeing) of its population had become a major concern, and had therefore emerged as a point of application for various mechanisms of medical power. As we have just seen, moreover, even if Foucault waited until The Will to Knowledge to connect the increasing role of medical power in the lives of individuals and populations to his genealogy of biopower, it is a subject he had already explored in depth in Birth of the Clinic. And as we will now discuss, it is a topic he would revisit in a series of texts and lectures that set the stage for the work on power that was to come. In a series of talks given in Brazil in 1974, Foucault returned to the question of the medicalization of the population and provided a deeper analysis of the emergence of a centralized politics of health during the classical epoch. Two lectures, in particular, contain the seeds of Foucault’s later thought on biopolitics and biopower, and can therefore help us to understand better the crucial relation in Foucault’s thought between biopower, population, and medicalization: the first lecture, entitled “Crisis of Medicine or Crisis of Anti-Medicine?” and never translated into English, addresses the question of the relation between the state and medicine, while setting the stage for the second lecture, “The Birth of Social Medicine,” in which Foucault provides an analysis of the setup of medicalization that would become central to his later genealogy of biopower.43 In these important lectures, Foucault returns to the questions that had motivated part of his inquiry in Birth of the Clinic, but which he had not developed in greater depth. And in the process of returning to these questions, Foucault introduces for the first time the concepts of biohistory and biopolitics that would eventually become so prevalent in his later project. In Birth of the Clinic, Foucault had identified the problem of epidemics and endemic illness as one of the factors that had most contributed to the emergence of a novel form of medicine aimed at the homogenization of the social space and at the widespread medicalization of the population in the name of the health of the social body. Developing these themes further, Foucault would provide in “Crisis of Medicine or of Anti-Medicine?” and “The Birth of Social Medicine” a genealogy of this process of medicalization of the population, as well as a clearer basis on which to understand one of the most significant ways in which biopower came to exercise itself at the collective scale of the population. Foucault proposes in “Crisis of Medicine or Crisis of Anti-Medicine that “we live under a regime for which one of the points of state intervention is the care of the body, the health of the body, the relation between sickness and health, etc.”44 To be more specific, the 18th century, as he had already discussed in Birth of the Clinic, saw not only a “vertiginous technological progress,” but also a “political, economic, social, and juridical transformation of medicine,”45 a transformation whereby it is no longer the individual, or the individual illness, that is the focus of medical intervention, but a different object entirely; within modern medicine, he argues, “it is the entirety of the phenomenon of life that is (…) inserted into the field of action of medical intervention.”46 In this analysis, certain elements echo much of Foucault’s earlier work on medicine, while at the same time offering a glimpse of the genealogy of biopower that was to come in History of Sexuality, as well as his Collège de France lectures. Thus, Foucault notes, there appeared with this novel form of medical intervention a “new dimension of medical possibilities,” which he calls “bio-history,” in which medicine came to intervene upon the level of “life itself” and of its fundamental phenomena: “life and the history of man,” in other words, are profoundly connected, such that human (that is, political) action can intervene upon the domain of life itself.47 Now, it is this intervention with which Foucault is concerned in these lectures, for it took the privileged form of what he calls an “indefinite medicalization”: beginning in the classical epoch, medicine started to function “outside of its traditional field,” as delineated by the patient’s needs, the patient’s pain, his or her symptoms, and so forth, and began to take on a social function it had not hitherto fulfilled. Anticipating the role that the concept of biopower would come to occupy within his genealogy, Foucault points out here that within this indefinite medicalization, medicine began to respond less to the needs of an individual patient and, rather, started “[imposing] itself upon the individual, whether sick or not, as an act of authority.”48 Moreover, the transformation of medicine of which Foucault provides a genealogy also saw a change in terms of the very object of medical transformation, from physical illness to objects like sexuality and health, both of which, it should be noted, would come to occupy crucial roles in ensuring the junction between biopower’s disciplinary intervention upon the individual and its regulatory intervention upon the health of the population: as he proposes in this 1974 lecture on medicalization, “the authoritarian intervention of medicine in a domain of individual and collective existence that is each time more vast” is one of this new regime’s most characteristic facts.49 Accordingly, this analysis of the indefinite medicalization of society, which he would describe in greater detail in his second lecture, leads Foucault to propose that today, “medicine possesses an authoritarian power,” one with a normalizing function that reaches far beyond illness and the demands of a given patient.50 Now, what Foucault is describing here in terms of a biohistory is of course the very same process he would, in his work on biopower, connect to the birth during the 18th century of a biopolitics of health, whereby the domain of life itself emerged as a privileged object of state (in this case, medical) intervention. In this way, we can already see that his early work on medicalization would already anticipate much of his later analysis of biopower. This is particularly evident in his analysis of the four processes that characterized the emergence of this novel medical power, namely, 1) the emergence of a medical authority whose decisions affect not only individuals, but entire villages, towns, and cities (that is, populations); 2) the emergence of an object of medical intervention distinct from illness (the air a population breathes, the water it drinks, its conditions of existence); 3) the introduction, in the form of the modern hospital, of an “apparatus of collective medicalization”; as well as, finally, 4) the creation of a centralized medical administration of the social body. Take together, these processes helped to establish a modern medicine that lacks any domain exterior to it.51 Thus, and in a statement that reveals just how central to his work this setup of medicalization had been and would continue to be, Foucault would conclude this first lecture with the following claim: within this indefinite medicalization of the population and the social space, the preponderance given to pathology becomes a general form of the regulation of society. Today, medicine no longer has a field external to it. (…) One could affirm about the modern society in which we find ourselves that we live in ‘open medical States’ in which medicalization is without limits.52 As Foucault would later explain, this indefinite medicalization of society represents one of the most crucial developments in a regime of power whose chief concern became that of ensuring the well-being and health of entire populations. As problems like endemic and epidemic illnesses, as well as the space of the city, began to threaten not only individuals, but populations and, through them, the stability of the state, novel techniques and mechanisms were called upon to intervene both at the level of the individual and at the scale of the collective. Here, medicalization remains a privileged setup. And having merely broached the topic of medicalization in his first lecture, Foucault would devote his second lecture to the analysis of the emergence during the 18th century of a social medicine tasked with intervening upon the social body as a whole.

#### Medical power is a form of state normalization—how medical histories factor into criminal justice proves. The end result of biopower’s underlying logic is genocide

**Brennan 14**

Philip Khaled Brennan (researcher on human rights and biopower from the UK). “PREVENT: An Exercise in Biopower—Section One.” The Cat House. April 6th, 2014. http://cathouse.hivetimes.org.uk/2014/04/06/prevent-an-exercise-in-biopower-section-one/

The Medico-Judicial Power of Normalization With the birth of psychiatric power in the late 19th century, a new addition to the tools of power was added: medico-judicial power, or the power of normalization. A convict is no longer judged purely upon what he or she has done, but also on why the crime happened, any psychological reasons behind the crime, the level of delinquency or deviancy inherent in the convict, and the level of future threat this convict poses to society as a whole. This puts the convict in perverse danger even before they are convicted, as it is now medical power which determines what the judicial outcome should be: the convicts medical history, psychological evaluation, mental state at the time of the offence, and possible future outcomes for the convict upon release are all factored into the judgement aside from the actual fact of the offence: “First, there is the requirement that every individual who comes before the assize courts has to have been examined by a psychiatric expert. As a result, the individual never appears in court with just his crime. He arrives with the psychiatric expert’s report and comes before the court burdened with both his crime and this report. There is a question whether this measure, which is universal and obligatory for the assize courts, should also become the general rule in the criminal courts, where it is only applied in some cases, but not yet universally. The second sign of the implementation of a medico-judicial power is the existence of special courts for children in which the information given to the judge, who both investigates and judges, is essentially psychological, social, and medical. This information consequently bears much more on the context of the individual’s existence, life, and discipline than on the act for which he has been brought before the children’s court. The child is brought before a court of perversity and danger rather than before a criminal court. Equally, within the prison administration, medico-psychological services are established that are required to report upon the individual’s development while serving his sentence, that is to say, on the level of perversity and the level of danger he still represents at a given moment during his sentence, it being understood that if he has reached a sufficiently low level of danger and perversity he could be freed, at least conditionally.”2 The aim of this utilisation of medical power within the judicial process is not to cure the patient-convict, but to make them safe, to neutralise them as a future threat, to “normalize” them, and as we shall discover shortly, the power of normalization becomes part of the justification for the murderous function of the State. Scientific Racism and Biopower Biopower also effects sovereign power in a rather unique way, one which really ought to be remarked upon at this point. The ultimate manifestation of sovereign power was the Sovereign Ban: the power to determine who should be allowed to live, and who should be made to die. Biopower reversed this in a rather interesting way. It now determines who should be made to live and who should be allowed to die. The key determining factor in this decision is Darwinian racism: “This is not, then, a military, warlike, or political relationship, but a biological relationship. And the reason this mechanism can come into play is that the enemies who have to be done away with are not adversaries in the political sense of the term; they are threats, either external or internal, to the population and for the population. In the biopower system, in other words, killing or the imperative to kill is acceptable only if it results not in a victory over political adversaries, but in the elimination of the biological threat to and the improvement of the species or race. There is a direct connection between the two, In the normalizing society, race or racism is the precondition that makes killing acceptable. When you have a normalizing society, you have a power which is, at least superficially, in the first instance, or in the first line a biopower, and racism is the indispensable precondition that allows someone to be killed, that allows others to be killed. Once the State functions in the biopower mode, racism alone can justify the murderous function of the State. So you can understand the important – I almost said the vital importance – of racism to the exercise of such a power: it is the precondition for exercising the right to kill. If the power of normalization wished to exercise the old sovereign right to kill, it must become racist. And if, conversely, a power of sovereignty, or in other words, a power that has the right of life and death, wishes to work with the instruments, mechanisms, and technology of normalization, it too must become racist. When I say “killing,” I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on.”3 Foucault here goes on to illustrate how this racism is based upon a faulty view of Darwinism, vis-a-vis, the survival of the fittest. Racism has always been present within human societies, but it was during the 19th century that a more scientific form of racism evolved in colonial discourse. The end result of this ‘new’ scientific racism is that whole groups of people can be made ‘other’, and the killing of the same can then be justified in Darwinian terms. Giorgio Agamben goes into much detail about the effects of biopolitical racism in his book “Homo Sacer: Sovereign Power and Bare Life,” in which he traces the ontology of biopower from the Sovereign Ban to its logical end conclusion in the Holocaust perpetrated by the Third Reich in 1940s Germany. The end result of biopower is genocide, whether the colonial genocide of the 18th to 19th centuries, or the State hygiene genocide of the 20th century (Rwanda being the only exception as it was a throw back to the colonial genocide of former times4).

#### Their use of the state is also biopolitical—biopower is functionally colonialist and perpetuates capitalist exploitation as well

**Brennan 14**

Philip Khaled Brennan (researcher on human rights and biopower from the UK). “PREVENT: An Exercise in Biopower—Section One.” The Cat House. April 6th, 2014. http://cathouse.hivetimes.org.uk/2014/04/06/prevent-an-exercise-in-biopower-section-one/

The Nature of the Modern Nation-State All modern nation states operate in the biopower mode, without exception. Whether they are former colonial states or states created through colonial conquest, the biopolitical is at the heart of how all modern states operate. This is directly attributable to the colonial era, as it was through this period of world conquest by western powers that biopower as a tool of governance was refined and perfected in the colonies before being brought back and used at home as a kind of colonisation of the lower orders of the home population. This is the classic Foucauldian Boomerang Effect: “It should never be forgotten that while colonization, with its techniques and its political and juridical weapons, obviously transported European models to other continents, it also had a considerable boomerang effect on the mechanisms of power in the West, and on the apparatuses, institutions, and techniques of power. A whole series of colonial models was brought back to the West, and the result was that the West could practice something resembling colonization, or an internal colonialism, on itself.”1 Despite biopower’s use in the colonial context, its first instance was in the regulation of life at the start of the Industrial Revolution. The state had to reduce mortality in the subaltern population in order that they would better service the needs of capital. The fields of public hygiene, medicine, social engineering, and so forth, were enacted upon populations in the West to reduce mortality and morbidity, and to make them more effective as workers and wealth generators. The longer life expectancies of workers, and their reduction in diseases and injuries which either debilitated or killed them outright, increase the amount of capital they could generate for the state and the capitalist class. This is the primary reason why child labour was gradually phased out in the 19th century: the mortality and morbidity rates of child labourers threatened the continual supply of adult labour. This meant that biopower, twinned with the state operating under raison d’etat, insinuated itself within all levels of disciplinary institutions and power, and over the course of two hundred years led to the creation of the self-policing state. Where the discipline of the individual ends and the discipline of the population begins is hard to define, but it suffices to note that man-as-species as opposed to man-as-individual became a major theme in disciplinary power from around the beginning of the 18th century and beyond.

#### The alternative is to interrogate dominant policy discourses that sustain the biopolitical underpinnings of modern medical thought—counter-discourses are productive

**Valenzuela 9**

Hernan Cuevas Valenzuela (Universidad Diego Portales, Political Science). “Medicine and Biological Citizenship.” May 2009. http://paperroom.ipsa.org/papers/paper\_2204.pdf

What has to be done then? From a Foucauldian perspective it would be important to oppose dominant policy discourses and counter the information disseminated by the powerful assemblage characteristic of modern medicine, health system and other surveillant apparatuses.5 As a radical organization Vivopositivo developed some interesting strategies which I cannot detail here due to space limitations. However, my research shows that the following seem to characterize them. First, it has produced a strong counter-discourses based on the figure of the activist and the service user. Second, it has produced some unforeseen alternative knowledge about the prevalence of stigma and exclusion based on critical social sciences and human rights discourse. And, although it might seem more simple, it has given voice to those who usually do not count giving them the strength to claim rights and social recognition. People suffering HIV/AIDS became represented and visible to the public and were ready to make open demands and accuse social stereotypes and exclusion.

#### The role of the ballot is to problematize dominant epistemologies—as intellectuals we must be skeptical of the aff’s universal and ahistorical claims

**Owen 94**

David Owen, Professor of Social and Political Philosophy @ University of Southampton, 1994 (Maturity and Modernity, pp 209-210)

The ‘universal’ intellectual, on Foucault’s account, is that figure who maintains a commitment to critique as a legislative activity in which the pivotal positing of universal norms (or universal procedures for generating norms) grounds politics in the ‘truth’ of our being (e.g.. our ‘real’ interests). The problematic forms of this type of intellectual practice is the central concern of Foucault’s critique of humanist politics in so far as humanism simultaneously asserts and undermines autonomy. If, however, this is the case, what alternative conceptions of the role of the intellectual and the activity of critique can Foucault present to us? Foucault’s elaboration of the figure of the ‘specific’ intellectual provides the beginnings of an answer to this question: I dream of the intellectual who destroys evidence and generalities, the one who, in the inertias and constraints of the present time, locates and marks the weak points, the openings, the lines of force, who is incessantly on the move, doesn’t know exactly where he is heading nor what he will think tomorrow for he is too attentive to the present. (PPC p. 124) The historicity of thought, the impossibility of locating an Archimedean point outside of time, leads Foucault to locate intellectual activity as an ongoing attentiveness to the present in terms of what is singular and arbitrary in what we take to be universal and necessary. Following from this, the intellectual does not seek to offer grand theories but specific analyses, not global but local criticism. We should be clear on the latter point for it is necessary to acknowledge that Foucault’s position does entail the impossibility of ‘acceding to a point of view that could give us access to any complete and definitive knowledge of what may constitute our historical limits’ and, consequently, ‘we are always in the position of beginning again’ (FR p. 47). The upshot of this recognition of the partial character of criticism is not, however, to produce an ethos of fatal resignation but, in so far as it involves a recognition that everything is dangerous, ‘a hyper-and pessimistic activism’ (FR p. 343). In other words, it is the very historicity and partiality of criticisms which bestows on the activity of critique its dignity and urgency. What of this activity then? We can sketch the Foucault account of the activity of critique by coming to grips with the opposition he draws between ‘ideal’ critique and ‘real’ transformation. Foucault suggests that the activity of critique ‘is not a matter of saying that things are not right as they are’ but rather ‘of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, uncontested modes of thought the practices we accept rest’ (PPC p. 154)This distinction is perhaps slightly disingenuous, yet Foucault’s points if intelligence if we recognize his concerns to disclose the epistemological grammar which informs our social practices as the starting point of critique. This emerges in his recognition that ‘criticism (and radical criticism) is absolutely indispensable for any transformation’: A transformation that remains within the same mode of thought, a transformation that is only a way of adjusting the same thought more closely to the reality of things can merely be a superficial transformation. (PPC p. 155) The genealogical thrust of this activity is ‘to show that things are not as self-evident as one believed, to see that what is accepted as self-evident as one believed to see that what is accepted as self-evident is no longer accepted as such’ for ‘as soon as one can no longer think things formerly thought them, transformation becomes both very urgent, very difficult, and quite possible’ (PPC p. 155). The urgency of transformation derives from the contestation of thought (and the social practices in which it is embedded) as the form of our autonomy, although this urgency is given its specific character for modern culture by the recognition that the humanist grammar of this thought ties us into the technical matrix of biopolitics. The ‘specificity’ of intellectual practice and this account of the activity of critique come together in the refusal to legislate a universal determination of ‘what is right’ in favour of the perpetual problematisation of the present. It is not a question, for Foucault, of invoking a determination of who we are as a basis for critique but of locating what we are now as the basis for reposting of the question ‘ who are we?’ The role of the intellectual is thus not to speak on the behalf of others (the dispossessed, the downtrodden) but to create the space within which their struggles become visible such that these others can speak for themselves. The question remains, however, as to the capacity of Foucault’s work to perform this critical activity through an entrenchment of the ethics of creativity as the structures of recognition through which we recognize our autonomy in the contestation of determinations of who we are.

### 1NC—Trans Affs

#### Adolescence is a biopolitical notion which marginalizes transgender people by disciplining them into a rigid developmental narrative

**Owen 14**

Gabrielle Owen (teaches gender studies and children's literature at the University of Nebraska–Lincoln). “Adolescence.” Transgender Studies Quarterly. 2014. http://tsq.dukejournals.org/content/1/1-2/22.full

The idea of adolescence is a relatively recent social category, emerging in the late nineteenth century alongside medicolegal notions of homosexuality and the concept of inversion, which conflates gay or lesbian desire with trans phenomena. While the word adolescence dates back to the fifteenth century in English and can be found to designate a stage of human life through the seventeenth and eighteenth centuries, adolescence begins to function later in medical discourse and early psychology as a type of person, one who can be shaped and directed away from perceived social ills, such as homosexuality and prostitution, and toward social aims such as marriage and reproduction. By the turn of the century, G. Stanley Hall's Adolescence (1904) claimed that adolescence was the key to the advancement of civilization, the developmental moment of state intervention that would propel humankind into the next stage of evolutionary history. We might understand the idea of adolescence as a mechanism of Foucault's biopower, a technology of self put into the service of the nation-state. One of the ways in which biopower regulates and disciplines trans phenomena is by locating them in the presumably pliable stage of adolescence, where state intervention appears to be developmentally natural and necessary. In the mid-nineteenth century, both childhood and adolescence became intense sites of disciplinary anxiety and control (Foucault 1978). Parents, doctors, and teachers were instructed to watch for the warning signs of degeneracy, disease, mental illness, and criminal tendencies. Emerging institutions of medicine, psychology, and education deployed childhood and adolescence to construct institutional knowledge and to establish authority and expertise. For example, it is adolescence that allows Freud to claim “complete certainty” about the cause of homosexuality in a young woman (1955: 147), and Krafft-Ebing similarly uses childhood and adolescent behavior to explain various kinds of trans phenomena in Psychopathia Sexualis (1894). In these contexts, adolescence serves a narrative function. It becomes the moment of subjective fluctuation before the presumed stability of adulthood (Kristeva 1995); and as such, it constructs the narrative inevitability of a normative adulthood. Adolescence constructs and reifies adulthood as the stage of life when selfhood is final, established, known. And so the idea of adolescence contains transition, movement, and change in which the perceived turbulence of puberty is loaded with meanings about the discovery of self. Adolescence is constructed as the moment that gendered becoming occurs. And yet this developmental narrative is one we impose on experience, locating moments of transition, change, and rebellion in adolescence and locating moments of arrival, stability, and conformity in adulthood. Transgender phenomena suggest a much more varied and complex range of possibilities for bodily experience and gendered subjectivity, drawing our attention to the contingency of any subjective arrival whether it be normative or trans-identified.

#### The aff’s idea that trans people need surgery and hormones to be liberated locks them into a biopolitical medical system—that’s genocidal and turns the case

**Shields 14**

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Biopower, defined by Foucault in The Will to Knowledge and Society Must Be Defended, both in 1976, is a mode of power over life that focusses on the body as a living entity, as part of a species – as opposed to discipline, the mode of power that views the body as a machine, something to be integrated into economic systems in the most efficient means. Biopower exists alongside and in opposition to the sovereign right to kill – instead, biopower focusses on life; extending it, keeping it and the population healthy. These two concepts exist in tandem only via the means of what Foucault (1976) calls state racism, that is, the defining by the state of a privileged population, and consequently also an Other, a foreign population, whether inside the state’s borders or out, that poses a threat to the integrity of the state’s privileged population. Stemming from the combination of biopower and state racism is a normative biopolitical genocide; that is, the killing – or more often, the letting die – of the Other in order to protect the integrity, health, and life of the privileged population. As Foucault says in The Will to Knowledge, “one might say that the ancient [sovereign] right to take life or let live was replaced by a power to foster life or disallow it to the point of death” (Foucault, 1976, pg.138). In ‘Explanation and Exoneration’ Butler talks about acts of violence and war committed by the United States justified by both foreign policy decisions and through the reasoning of self-defence (Butler, 2004, pg.4). These foreign policy decisions are made, naturally, by the state, and are part of the process of defining the Other that threatens the integrity of their population. So, too, is the self-defence rationalisation a state-defined one, as it stems from the Bush administration declaring the attacks of September 11 as declarations of war. Even the usage of the term “terrorist” becomes a way to define an Other – it is never used by the state to refer to violence committed by its own power. As Butler exemplifies it: “The term ‘terrorist’ is used… by the Israeli state to describe any and all Palestinian acts of resistance, but none of its own practices of state violence” (pg.4). Another means of justification of state violence is indeed the intentional overlooking or dismissal of those events – in particular if they are not committed against the state’s privileged population. Again, from Butler herself: “Our own acts of violence do not receive graphic coverage in the press, and so they remain acts that are justified in the name of self-defence” (pg.6). Biopower is used to create and justify this normative biopolitical genocide in essentially every Western state. In neoliberal and colonial societies like Aotearoa, the indigenous population is, more often than not, part of the Other that threatens the privileged population, and the violence against them that both kills and lets them die comes in the form of incarceration rates, low access to healthcare, and institutionalised racism. The privileged population can essentially be characterised as Audre Lorde’s “mythical norm, which each one of us within our hearts knows ‘that is not me.’ In America, this norm is usually defined as white, thin, male, young, heterosexual, Christian, and financially secure. It is within this mythical norm that the trappings of power reside” (Lorde, 1984). The privileged population extends further than this norm and is not an even field of power distribution; it is useful to think of what this population is centred around: white, heterosexual, cisgender, able-bodied people – that is, those with privilege and power in society. Transmisogyny as normative biopolitical genocide Perverted sexuality has effects at the level of the population, as anyone who has been sexually debauched is assumed to have a heredity. Their descendants also will be affected for generations, unto the seventh generation and unto the seventh of the seventh and so on. This is the theory of degeneracy: given that it is the source of individual diseases and that it is the nucleus of degeneracy, sexuality represents the precise point where the disciplinary and the regulatory, the body and the population, are articulated. (Foucault, 1976, p.232) Applying an intersectional framework to the concept of a privileged population, as a disabled, queer, neuroatypical trans woman, I am not wholly part of this population. As Pākehā, I need less protection as I am less exposed to more systems of violence as the trans women of colour I know; and as the privileged population is an uneven field rather than a definitive category, I gain certain memberships and protections for being white, but I am nonetheless a target of the normative biopolitical genocide in our society. I am a target for being disabled, and for being queer, and for being mentally ill, but the most powerful experience of it, for me, is for being all three of those as well as being trans. I mention this because I feel it is important to situate myself and my lived experience before the following discussion of how biopower is utilised in this normative genocide that leads to an overall life expectancy of around 32 – lower for trans women of colour. Biopower is necessarily interested in demography and its control, as it is focussed around the control of life – as such, statistics around death and birth rates, life expectancies, etc, are relevant to its domain. We have a little data on trans death rates and life expectancies – done mostly within the community, for as the state-defined Other, we are a threat to the protected population rather than contributing to it. Additionally, according to normative views, transgender people do not reproduce, and so would not contribute to the life of the nation even if the state wanted us to – which it categorically does not. In the early stages of Western trans medicalisation – that is, the pathologisation of being transgender that led to it being something to be treated with medicine – sterilisation was an implicit required outcome of treatment. In fact, Sweden, for example, only recently removed enforced sterilisation from the requirements to legally change one’s sex (Nelson, 2013). In The Will to Knowledge, Foucault (1976) talks about biopower as “the right to kill those who represented a kind of biological danger to others” (p.138); the forced sterilisation of trans people is one of these rights. It enforces our sterility, our inability to contribute ‘inferior’ or dangerous genetic material to the privileged population of the state, and is an integral tool to the normative biopolitical genocide that is attempting to eradicate us. “It was the taking charge of life, more than the threat of death, that gave power its access even to the body” (Foucault, 1976, p.143) While discourse within the trans community has shifted, popular external and ‘professional’ opinion is still a heavily medicalised one that has shifted little since the 1960s – that is, to be trans one must experience dysphoria and one must desire full medical transition (both hormone treatment and all the appropriate surgeries). This discourse is one that requires trans people to submit themselves to the medical system and thus to state surveillance and violence. We are judged on our identities and our ‘transness’ – whether we meet the very strict, very Western colonial-imperialist criteria for being trans (that is, binary, presenting extremely feminine, with no room for androgyny or genders beyond male or female). Many of us are unable to gain access to this system, and many more are immediately diagnosed with borderline personality disorder as a ‘reason’ for our discomfort with our assigned genders. In short, the healthcare system neglects us, was designed to exclude us and pathologise us. This links to Foucault’s idea of ‘indirect murder’ (1976, p.256) – Mark Kelly (2004) defines it as exposing some to “greater risks to which the body of the population would not normally be exposed” (pg.60) and applies it to contemporary societies in Racism, Nationalism and Biopolitics: “Every state does still need to make a distinction between those it keeps alive (and every state does have a welfare system and health service which work towards these ends) and those it kills (foreign enemies in war, executed criminals), together with those it merely allows to be exposed to greater risk of death (the victims of Third World famines, its own poor and elderly citizens)” (pg. 61)(emphasis mine). By simultaneously forcing us to engage with a violently exclusionary medical system as well as excluding us from that system, the state is preventing us from receiving the care it provides to its privileged population, and is engaging in indirect murder. In the same way that acts of violence perpetrated in the Middle East by the United States do not receive coverage and thus remain glossed over and justified, so too are acts of violence perpetrated by the privileged population justified and/or ignored. In fourty-nine out of fifty American states, it is legal to argue that you were justified in killing a woman because you were about to sleep with her, then discovered she was trans. It was only in September 2014 that California banned the ‘trans panic’ defence in murder cases (Molloy, 2014). The panic defence was used successfully as recently as 2010 in Aotearoa, to downgrade a murder charge to one of manslaughter (The Dominion Post, 2010). Butler (2004) says that the acts of violence in the Middle East are “justified in the name of self-defence, but by a noble cause, namely, the rooting out of terrorism” (pg.6). Just as those acts are noble in the defence against terrorism, violence against trans women is justified by the state and its legislation, and considered noble by many in society – Galloway, one of the men who murdered Diksy Jones, told police she “did not deserve to be in the world” (The Dominion Post, 2010). We are at risk of higher rates of substance abuse and suicide (Clark, me ētahi atu, 2013). Trans women of colour in particular are at higher risk of violent attacks and deaths – in the first seven weeks of 2015, seven trans women were murdered, six of them trans women of colour (Kellaway, 2015). We’re at higher risk of domestic violence and abuse. We have significantly lower access to state services, such as healthcare, police, and welfare. In Aotearoa trans women are imprisoned in men’s prisons where they are subject to rape and abuse (Department of Corrections) (Shields, 2015). Both the state and their privileged population have little to no interest in improving these conditions – as a member of a group who protested these very conditions at Auckland Pride Parade this year, we received very little support and a lot of abuse. Foucault (1976) states that state racism “does make the relationship of war – ‘if you want to live, the other must die’ – function in a way that is completely new and that is quite compatible with the exercive of biopower” (pg.255). The ‘completely new’ way he references is normative biopolitical genocide. To put it simply: normative biopolitical genocide turns existing in a society in which you are not a part of the state’s privileged population into existing in a warzone.

#### The alternative is to interrogate dominant policy discourses that sustain the biopolitical underpinnings of modern medical thought—counter-discourses are productive

**Valenzuela 9**

Hernan Cuevas Valenzuela (Universidad Diego Portales, Political Science). “Medicine and Biological Citizenship.” May 2009. http://paperroom.ipsa.org/papers/paper\_2204.pdf

What has to be done then? From a Foucauldian perspective it would be important to oppose dominant policy discourses and counter the information disseminated by the powerful assemblage characteristic of modern medicine, health system and other surveillant apparatuses.5 As a radical organization Vivopositivo developed some interesting strategies which I cannot detail here due to space limitations. However, my research shows that the following seem to characterize them. First, it has produced a strong counter-discourses based on the figure of the activist and the service user. Second, it has produced some unforeseen alternative knowledge about the prevalence of stigma and exclusion based on critical social sciences and human rights discourse. And, although it might seem more simple, it has given voice to those who usually do not count giving them the strength to claim rights and social recognition. People suffering HIV/AIDS became represented and visible to the public and were ready to make open demands and accuse social stereotypes and exclusion.

#### The alt disrupts and denaturalizes the developmental narrative of adolescence, enabling transgender people to embody their own possibilities of the self

**Owen 14**

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Transgender and queer perspectives put pressure on the developmental narrative of adolescence, speaking instead of the queer child who might grow sideways (Stockton 2009), or of the reordering or rejection of developmental sequence itself (Halberstam 2005), or of the liberatory potential for naming the self at any point in the prescribed sequence (Bornstein 1995, 2006). Trans embodiment disrupts and denaturalizes the developmental narrative of adolescence, revealing it for what it is — sometimes a story we have been told and sometimes a story of our own making. And yet adolescence persists as the ideological container for the trans phenomena that permeate all human experience. Adolescence functions simultaneously as a site of discovery and disavowal, sustaining assumptions about what childhood was and what adulthood should be, manufacturing narrative coherence for moments of arrival, and creating distance for moments of contradiction, contingency, or change. The work of transgender theory unravels adolescence along with fixed notions of gender identity, sexuality, and selfhood. But trans embodiment suggests also the possibility of reconstruction, revision, and remaking outside the developmental imperative.